

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10599015

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			1			
2		1		1			52			1			
3	1		1				53			1			
4	1		1				54			1			
5	1		1				55			1			
6	1		1				56			1			
7	1		1				57			1			
8	1		1				58			1			
9	1		1				59			1			
10	1		1				60			1			
11	1		1				61			1			
12	1		1				62			1			
13	12		1				63			1			
14	12		1				64			1			
15	12		1				65			1			
16	12		1				66			1			
17	12		1				67			1			
18	12		1				68			1			
19	12		1				69			1			
20	12		1				70			1			
21	12		1				71			1			
22	12		1				72			1			
23	12		1				73			1			
24	12		1				74			1			
25	12		1				75			1			
26	12		1				76			1			
27	12		1				77			1			
28	12		1				78						
29	12		1				79						
30	12		1				80						
31	12		1				81						
32	12		1				82						
33	1		1				83						
34	1		1				84						
35	1		1				85						
36	3		1				86						
37	3		1				87						
38	3		1				88						
39	3		1				89						
40	3		1				90						
41	3		1				91						
42	3		1				92						
43	3		1				93						
44	3		1				94						
45	3		1				95						
46	3		1				96						
47	3		1				97						
48	3		1				98						
49			1				99						
50			1				100						
TOTAL IND.	5									4			
TOTAL DEP.	290									73			
TOTAL CLAIMS	295									77			